

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-11106		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE			
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input type="checkbox"/> OVER \$150 <input checked="" type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED			
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: DAY 6/30/14 Monday		TIME: MILITARY 1233	
CRASH OCCURRED ON 722 E. Main St. Lebanon OH 45036						WITHIN THE INTERSECTION OF Speedway Parking Lot					
IF NOT IN INTERSECTION MILES 50 FEET <input checked="" type="radio"/> N <input type="radio"/> E <input type="radio"/> S OF Colony Square Dr.						CITY CODE 8303					
LOG-1		LOG-2		LOC JUR FH9 FILT							
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT USAA					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Dobbins Douglas Michael				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 8601 Paseo Del Sol CA Santee 92071							
PHONE NO.		BIRTH DATE 1/26/73		AGE 41		SEX M		SOCIAL SECURITY NO.		STATE FL	
OWNER (IF SAME AS DRIVER, WRITE SAME) Budget Rental				ADDRESS 300 Centre Pointe Dr. Va Beach				PHONE 23462		OCCUPATION Military	
VEH YR 2012		MAKE INTL		MODEL TRK		COLOR B/W		STYLE TRK		STATE OH	
CIRCLE DAMAGE AREAS 1 2 3 4 5 6 7 8		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8 UNIT NO. 2		NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT G4J Pepsi					
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) G4J Pepsi Cola Bottlers				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 4587 Gallia Pike Franklin OH 45626							
PHONE NO.		BIRTH DATE m d y		AGE		SEX		SOCIAL SECURITY NO.		STATE	
OWNER (IF SAME AS DRIVER, WRITE SAME) G4J Pepsi Cola Bottlers				ADDRESS 4587 Gallia Pike Franklin OH 45626				PHONE		OCCUPATION	
VEH YR 2012		MAKE INTL		MODEL TRK		COLOR B/W		STYLE TRK		STATE OH	
CIRCLE DAMAGE AREAS 1 2 3 4 5 6 7 8		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE m d y		AGE		SEX		POSITION A B C D E F	
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE m d y		AGE		SEX		INJURIES 1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED	
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE m d y		AGE		SEX		CONDITION A B C D E F	
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE m d y		AGE		SEX		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN	
A B C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
D E F		INJURED TAKEN TO		By		A B C D E F		TESTED A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
A		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 CHILD SAFETY SEAT 6 AIR BAG USED 7 AIR BAG USED 8 USE NOT REPORTED		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN			
D		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		EJECTION A B C D E F		DRUGS A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
RECEIVED CALL 1233		DISPATCHED 1234		ARRIVED 1253		CLEARED 1259		OTHER TIME 0010		TOTAL MINUTES 360	
DATE REPORT FILED 6/30/14		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME Nate Trout		BADGE NO. 129		CHECKED BY		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	

LOCAL FILE NO
14-11106

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION